

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ewell</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural, give location) <u>Smiths Island</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>ALBERT</u>	<u>LINWOOD</u>	<u>COLGIN</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crab & Cyster</u>	9. AGE last birthday <u>68</u> yrs.
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>McCready Hospital--Crisfield, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Tuberculosis of lung

INTERVAL BETWEEN ONSET AND DEATH

unknown

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 3, 1947 to Feb. 11, 1951, that I last saw the deceased alive on Feb. 11, 1951, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb. 13, 1951</u>	<u>Ewell Cemetery</u>	<u>Ewell, Maryland</u>	

DATE REC'D. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2/13/51</u>	<u>Betty W. Tyler</u>	<u>Bradshaw Funeral Parlors</u>	<u>Crisfield</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

910126



Reg. Dist. No. 261

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>2/10/51</i>	NAME OF CEMETERY OR CREMATORY <i>Wesley-</i>	LOCATION (City, town, or county) <i>Marion Sta. Som. Md.</i>	(State)
DATE REC'D BY LOCAL REG. <i>2/8/51</i>	REGISTRAR'S SIGNATURE <i>Betty J. Massey</i>	24. FUNERAL DIRECTOR <i>Chas. H. Ward - Marion Sta., Md.</i>	ADDRESS <i>550816</i>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1825 360

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mc Vernon</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Frances</u>	(Middle)	(Last) <u>Washell</u>
4. DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>12</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 3, 1901</u>
9. AGE last birthday <u>41</u> yrs.	If under 1 year Months <u>4</u> Days <u>9</u>	If under 24 hrs. Hours <u>4</u> Min. <u>5</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>
11. BIRTHPLACE (State or foreign country) <u>Mc Vernon Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>Walter Washell</u>	14. MOTHER'S MAIDEN NAME <u>Missie Shriener</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY No. <u>none</u>	17. INFORMANT AND ADDRESS <u>Charles Washell, Princess Anne</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Dehydration & malnutritionINTERVAL BETWEEN ONSET AND DEATH 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Carcinoma of esophagusyears?

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Deaf & dumb

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1951, to 2/12, 1951, that I last saw the deceasedalive on 2/11/51, 1951, and that death occurred at 3:30 a.m. on 2/12/51, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Robert Callcott, M.D.2/12/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 2/14/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

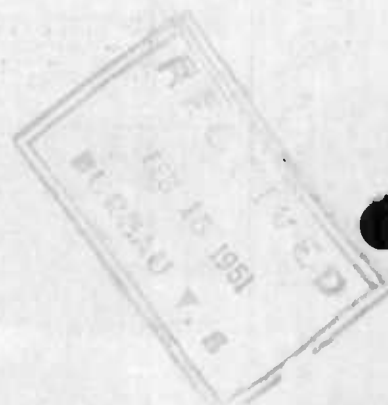
ADDRESS

R. S. Johnson, M.D.L. H. Webster, Princess Anne Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1825

Reg. Dist. No. 260

1. PLACE OF DEATH - COUNTY <u>SOMERSET</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and OR TOWN <u>PRINCESS ANNE, R.F.D.</u>)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>PRINCESS ANNE R.F.D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>He Len</u>	(Middle) <u>Gertrude</u>	(Last) <u>DAVIS</u>
4. DATE OF DEATH	(Month) <u>February</u>	(Day) <u>2</u>	(Year) <u>1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT. 11, 1950</u>
9. AGE last birthday <u>3</u> yrs. If under 1 year Months <u>3</u> Days <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>ROBERT DAVIS</u>		14. MOTHER'S MAIDEN NAME <u>MADGE BARCLAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT <u>Robert Davis (father)</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute bronchitis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

HENRY M. LANKFORD, M.D.

Deputy Medical Examiner

for Somerset County

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing in the death but not related to the disease or condition causing death.

NONE

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY NONE

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY ✓

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ✓

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Henry M. Lankford, M.D.

Princess Anne Md

2/2/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/3/51

R. S. Johnson, M.D.

James Jr. Princess Anne Md

40110291404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 8 1961
BUREAU

Evidence for change
in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1827

FILE NO. G 131 FEB 26 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Princess Anne		CITY (If outside corporate limits, write RURAL and give nearest town) Princess Anne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Francis (First) (Middle) (Last) Dilley		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Oct. 4, 1866
9. AGE last birthday 84 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) former farmer	
11. BIRTHPLACE (State or foreign country) West VA.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Clayton Dilley		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mr. Kirk Somers Crisfield, Md			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) acute bronchopneumonia		2 days
Antecedent cause(s) (b) II malnutrition		2
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) II senility		2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) none	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1951, to 2/10, 1951, that I last saw the deceased alive on 2/10, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Robert Calliott, M.D. ADDRESS DATE SIGNED 2/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-13-1951	NAME OF CEMETERY OR CREMATORY John Wesley Cemetery	LOCATION (City, town, or county) Mt. Vernon, Maryland
DATE RECEIVED BY LOCAL REG. 2/13/51	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR Levin R. Wilson	ADDRESS Princess Anne, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

290116



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

FILE No. G 130 FEB 14 1951

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>At Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Izzie</u> (Middle) <u>E.</u> (Last) <u>Dilley</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>1.</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 24, 1876</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>West, VA.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John McCutcheon</u>		14. MOTHER'S MAIDEN NAME <u>Rachel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs Joe. Bounds, Pr. Anne, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebrovascular thrombosis

INTERVAL BETWEEN ONSET AND DEATH
2 mos.

(b) Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential hypertension

unknown

(c) senile arteriosclerosis

unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1950, to 2/2, 1951, that I last saw the deceased alive on 1/26, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE RECD BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial 2-4/51 John Wesley Cemetery Mt. Vernon, Md
1/26/51 R.S. Johnson M.D. Levin B. Wilson 3d. Princess Anne Md.

STANDARD INDUSTRIAL PAPER

RECEIVED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1820 261

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Rehobeth		CITY (If outside corporate limits, write RURAL and give nearest town) Rehobeth	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) OSCAR	(Middle) FRANCIS	(Last) DRYDEN	4. DATE OF DEATH (Month) Feb. 28, 1951 (Day) 19 (Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 13, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming-farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Fairmount, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Frank Dryden		14. MOTHER'S MAIDEN NAME Annie Virginia Dize	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Mary Bell Dryden--Rehobeth, Md.			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary Disease			1/2 hr
Antecedent cause(s) (b) Chronic Hypertension			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Int. athero			2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized atherosclerosis			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 28, 1951, to Feb 28, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.			
SIGNATURE Surgeon C. Crullman M.D.		ADDRESS 3/3/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 3, 1951	NAME OF CEMETERY OR CREMATORY Rehobeth Methodist	LOCATION (City, town, or county) Rehobeth, Maryland
DATE REC'D BY LOCAL REG. 3/3/51	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970116

RECEIVED

SEP 10 1951

BUREAU Y. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tangier Sound		STREET ADDRESS (If rural, give location) Smith Island	
3. NAME OF DECEASED (Type or Print) WELDON (First) WESLEY (Middle) EVANS (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1951 19	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 8, 1926
9. AGE last birthday 24 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman		10b. KIND OF BUSINESS OR INDUSTRY Oyster	
11. BIRTHPLACE (State or foreign country) Tylerton, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Evans		14. MOTHER'S MAIDEN NAME Virginia Marsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS John Evans--Tylerton, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Accidental Drowned

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fell in water while catching oysters

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

no

19b. MAJOR FINDINGS OF OPERATION

Drowned

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT

(Specify)

SUICIDE
HOMICIDE

accident

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY(CITY OR TOWN)
Crisfield(COUNTY)
Somerset Md

(STATE)

TIME (Month) (Day) (Year)
OF INJURY Feb 16, 1951(Hour) (Minute)
1:38 p.m.INJURY OCCURRED
While at Work ☒ Not While At work ☐HOW DID INJURY OCCUR?
fell in water while oystering

22. I hereby certify that I attended the deceased from Accidental Drowned, that I last saw the deceased

alive on Feb 18, 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

Burial

DATE THEREOF

Feb. 19, 1951

NAME OF CEMETERY OR CREMATORY

Tylerton Cemetery

LOCATION (City, town, or county)

Tylerton, Md.

(State)

DATE REC'D BY LOCAL
REG.

2/19/51

REGISTRAR'S SIGNATURE

Betty W. Tyler

24. FUNERAL DIRECTOR

Bradshaw Funeral Parlors, Crisfield

ADDRESS

Crisfield

910126

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1831

Reg. Dist. No. 24

1. PLACE OF DEATH - COUNTY <u>SOMERSET</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>WENONA</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>WENONA</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>HOWARD</u>	(Middle) <u>WILLIAM</u>	(Last) <u>HORSTMAN</u>
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>17</u>	(Year) <u>1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 28, 1900</u>
9. AGE last birthday <u>50</u> yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE COLLECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>SAMUEL J. HORSTMAN</u>		14. MOTHER'S MAIDEN NAME <u>VIRGINIA THOMAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT <u>MRS. HOWARD HORSTMAN (Wife)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343 Immediate cause

(a) Acute heart disease

Antecedent cause(s)

95c Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last

HENRY M. LANKFORD, M.D.

Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

NONE

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY NONE

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒ (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? ✓

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION (Burial) ✓

DATE THEREOF 2/19/51

NAME OF CEMETERY OR CREMATORY St. Pauls H. E.

LOCATION (City, town, or county) Wenona Md

(State)

DATE REC'D BY LOCAL REG. 2/21/51

REGISTRAR'S SIGNATURE Lola J. McNeely

24. FUNERAL DIRECTOR W. E. Scholz

ADDRESS Deale Island

321736

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1832

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Pocomoke rural 2		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Rural 2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) Nellie	(Middle)	(Last) Jackson	4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1951
5. SEX Female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3-4-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Edenton, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Not Know		14. MOTHER'S MAIDEN NAME Not Know	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. no	
17. INFORMANT AND ADDRESS Somerset Welfare Board			

18. MEDICAL CERTIFICATION Princess Anne, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH

2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis

1 year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 11, 1951, to Feb 19, 1951, that I last saw the deceased

alive on Feb 19, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. G. Johnson, M.D.

Princess Anne, Md 2/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-25-1951	NAME OF CEMETERY OR CREMATORY Temple Chapel Cemetery	LOCATION (City, town, or county) Near Pocomoke, Md	(State)
DATE REC'D BY LOCAL REG. 3/24/51	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR	ADDRESS	
		Princess Anne, Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne R.F.D. 2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne, R.F.D. 2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>John</u> (Middle) <u>Perrine</u> (Last) <u>Ferrine</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1866</u>
9. AGE last birthday <u>84</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired telegraph operator</u>	
11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Orlander Perrine</u>		14. MOTHER'S MAIDEN NAME <u>Mary VA. Shinn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. George Brew Pr. Anne, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Myocardial failure</u>		<u>1 hr.</u>
Antecedent cause(s) (b) <u>Diabetes</u>		<u>10 yrs.</u>
(c) <u>Diabetic coma</u>		<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from periodically since 1935, to Feb. 4, 1951, that I last saw the deceased alive on 2/3, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE Shirley B. Whaley M.D. (Degree or title) ADDRESS Princess Anne DATE SIGNED 2/7/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-8-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Brainerd Cemetery</u>	LOCATION (City, town, or county) (State) <u>Cranbury, N.J.</u>
DATE RECEIVED BY LOCAL REG. <u>2/7/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Lucian R. Wilson</u>	ADDRESS <u>365579 Princess Anne, Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>M-Cready Hospital</u>		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>Crisfield</u> STREET ADDRESS (If rural, give location) <u>Jacksonville Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Gordon</u> (First) <u>W.</u> (Middle) <u>Ruark</u> (Last)		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1951</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 9, 1902</u>		9. AGE last birthday <u>49</u> yrs. <u>0</u> Months <u>25</u> Days <u>25</u> Hours <u></u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Western Union Communications</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Edward F. Ruark</u>	
14. MOTHER'S MAIDEN NAME <u>Barah J. Parker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.II</u>		16. SOCIAL SECURITY No. <u>212-03-2988E</u>	
17. INFORMANT AND ADDRESS <u>E. Haldred Ruark</u>					

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Infarction of myocardium due to
(b) arteriosclerotic coronary thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Primary attack 9 yrs ago.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to Feb., 1951, that I last saw the deceased

alive on Feb 4, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

C.S. Rawley M.D.

Crisfield, Md.

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 2/7/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Betty W. Tyler

Edward D. Coington Crisfield, Md.

240579

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1835

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Monie		CITY (If outside corporate limits, write RURAL and give nearest town) Monie	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Charles A. Shores		4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 51	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 20, 1870
9. AGE last birthday 80 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Constructive Carpentry)	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Thomas Shores		14. MOTHER'S MAIDEN NAME Frances Hell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. 218-20-4416	
17. INFORMANT AND ADDRESS Mrs Elise Dize Monie, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Heart Condition		
(b) Antecedent cause(s) Heart		
(c) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Don't know any		
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE No	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Carpenter	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1951, to 2/19, 1951, that I last saw the deceased alive on 2/17, 1951, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE R. Smith M.D. ADDRESS Princess Anne, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-21-1951	NAME OF CEMETERY OR CREMATORY Oriole Cemetery	LOCATION (City, town, or county) Oriole, Md	(State)
DATE REC'D BY LOCAL REG. 2/21/51	REGISTRAR'S SIGNATURE R. H. Johnson, M.D.	24. FUNERAL DIRECTOR Lewis B. Wilson	ADDRESS 510246	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.6.5

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rhodes Point</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5 Hudson St.</u>		STREET ADDRESS (If rural, give location) <u>Smiths Island</u>	
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u> (First) <u>WESLEY</u> (Middle) <u>SNEADE</u> (Last)		4. DATE OF DEATH <u>Feb. 4, 1951</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 5, 1872</u>
9. AGE last birthday <u>78</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crab & Oyster</u>	
11. BIRTHPLACE (State or foreign country) <u>Rhodes Point, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John T. Sneade</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Emily Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>5 Hudson St.</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Roosevelt Evans</u>		<u>Crisfield, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) myocardial infarction of long

168x

Antecedent cause(s)

47d

Disease or condition, if any, giving rise to the above cause stating the underlying cause last

(b) left pleural effusion(c) Dextrocardia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1950, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Sarah M. Peyton M.D. Crisfield, Md. 2/6/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>burial</u>	<u>Feb. 7, 1951</u>	<u>Rhodes Point Cemetery</u>	<u>Rhodes Point, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/6/51</u>	<u>Betty W. Tyler</u>	<u>Bradshaw Funeral Parlors</u>	<u>Crisfield</u>	

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
TOWN Crisfield		TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Section		STREET ADDRESS (If rural, give location) Jacksonville	
3. NAME OF DECEASED (Type or Print) LAURA MAUDE TAWES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1951	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 2, 1897
9. AGE last birthday 53 yrs.		10. CITIZEN OF WHAT COUNTRY?	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
13. FATHER'S NAME Dawson Evans		14. MOTHER'S MAIDEN NAME Clara Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Albert Tawes---Crisfield, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Metastatic Carcinoma of Liver

INTERVAL BETWEEN ONSET AND DEATH

5 mo

Antecedent cause(s)

(b) Carcinoma of colon

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1749

19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Feb 1, 1951, that I last saw the deceased

alive on Feb 1, 1951, and that death occurred at 12:55 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/4/51

Betty W. Tyler

Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH - COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Eden</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Benjamin</u> (First) <u>Willey</u> (Middle) (Last)		4. DATE OF DEATH <u>Feb.</u> <u>19</u> <u>1951</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 12, 1873</u>
9. AGE (last birthday) <u>77</u> yrs.		10. AGE (last birthday) If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Soul Willey</u>		14. MOTHER'S MAIDEN NAME <u>Maria W. Kelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mr. Ira Willey Eden, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Hypertension

unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb. 12, 1951, to Feb. 19, 1951, that I last saw the deceased

alive on Feb. 17, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2-23-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	LOCATION (City, town, or county) <u>Allen, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>2/23/51</u>	REGISTRAR'S SIGNATURE <u>R. D. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Levin R. Wilson</u>		ADDRESS <u>Princess Anne, Maryland 970116</u>	

RECEIVED
FEB 26 1961
BUREAU A. 9

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1839

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>CHANCE</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>CHANCE</u> STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>JANNIE</u> (Middle) <u>E.</u> (Last) <u>WRIGHT</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 8, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seafarmer Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE last birthday <u>62</u> yrs. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John H. CURTIS</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>219-05-361</u>	
17. INFORMANT <u>Rufus Wright (Husband)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 Immediate cause

(a) Acute heart Disease.

Antecedent cause(s)

95c

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HENRY M. LANKFORD, M.D.

Deputy Medical Examiner
for Somerset County

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) None

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ✓

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Henry M. Lankford M.D. Princess Anne Maryland 2/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb. 7, 1951 Quantico Cem. Quantico, Virginia Co. Md.

Chas. H. Ward - Marion Sta., Md.

970 609 Box 235.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

